

State: District of Columbia**TOI/Sub-TOI:** L04I Individual Life - Term/L04I.500 Other**Product Name:** GH00**Project Name/Number:** GH00/GH00**Filing Company:** Globe Life And Accident Insurance Company

Filing at a Glance

Company:	Globe Life And Accident Insurance Company
Product Name:	GH00
State:	District of Columbia
TOI:	L04I Individual Life - Term
Sub-TOI:	L04I.500 Other
Filing Type:	Form
Date Submitted:	11/11/2019
SERFF Tr Num:	AMLC-132150386
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	GH00
Implementation	On Approval
Date Requested:	
Author(s):	Linda Newell, David Mather
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Implementation Date:	

State: District of Columbia
TOI/Sub-TOI: L04I Individual Life - Term/L04I.500 Other
Product Name: GH00
Project Name/Number: GH00/GH00

Filing Company: Globe Life And Accident Insurance Company

General Information

Project Name: GH00
Project Number: GH00
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 11/05/2019
Domicile Status Comments: Nebraska is our state of domicile.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 11/11/2019
State Status Changed:
Created By: Linda Newell
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Linda Newell

Filing Description:
NAIC: 290-91472
FEIN: 63-0782739
RE: Form(s): GH00(08) – Life Application

Attached for your review and approval is a copy of the above mentioned GH00(08) Life application for Additional Coverage form. This form will be used to offer existing customers an opportunity to apply for additional coverage, such as the GMPTR1, GIO13, GMPTR2R, and other previously approved products in our portfolio.

The GMPTR1 Term Life Insurance Rider was filed and approved by your department on 5/16/1994.
The GIO13 Guaranteed Insurability Option rider was filed and approved by your department on 2/21/2014 under SERFF Tracking Number AMLC-129397345.
The GMPTR2R Term Life Insurance Rider was filed and approved by your department on 6/26/2013 under SERFF Tracking Number AMLC-129397345. It's CSO page was updated (GMPTR2R17) and approved by your department on 6/28/2017 under SERFF Tracking Number AMLC-131095905.

GH00(08) is being submitted as a new filing and does not replace any previously approved form. The form does not contain any unusual or unorthodox provisions and wording.

Distribution and access may be via hard copy or electronic media. The Company reserves the right to change the layout, color and font (but no less than the minimum font requirements). Should such changes occur, they will not alter the content or meaning of any approved form.

Please see the Supporting Documentation tab for a sample mailing that shows all of Globe Life And Accident Insurance Company's pertinent information, and uses GH00(08) as the application for this additional coverage.

I hereby certify that I have carefully reviewed this form and to the best of my knowledge and ability find:

1. The form conforms to all insurance statutes and department requirements of your jurisdiction.
2. The form contains no provision previously disapproved by your department.
3. The form has been filed in Nebraska, our state of domicile, and has been filed in all jurisdictions where the company operates.

We are looking forward to your expedient review and approval of this form. If you have any questions or concerns, please feel free to contact me at (214) 544-5379, or by email at lnewell@Globe.Life.

State: District of Columbia

TOI/Sub-TOI: L04I Individual Life - Term/L04I.500 Other

Product Name: GH00

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Filing Company: Globe Life And Accident Insurance Company

Sincerely,

Linda Newell

Technical Team Lead

Company and Contact

Filing Contact Information

Linda Newell, Compliance Analyst
3700 S. Stonebridge Drive
McKinney, TX 75070

Inewell@Globe.Life
214-544-5379 [Phone]
214-250-5594 [FAX]

Filing Company Information

Globe Life And Accident Insurance
Company
P.O. Box 8080
McKinney, TX 75070
(800) 801-6831 ext. [Phone]

CoCode: 91472
Group Code: 290
Group Name: Liberty National
FEIN Number: 63-0782739

State of Domicile: Nebraska
Company Type: Life and
Health
State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	Globe Life And Accident Insurance Company
TOI/Sub-TOI:	L04I Individual Life - Term/L04I.500 Other		
Product Name:	GH00		
Project Name/Number:	GH00/GH00		

Form Schedule

Lead Form Number: GH00(08)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Life Application	GH00(08)	AEF	Initial		51.000	GH00_08.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NAP	Network Access Plan
NOC	Notice of Coverage	OTH	Other
OUT	Outline of Coverage	PJK	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	PRD	Provider Directory

☒ **Yes! I want to apply for this additional coverage! I certify that the [insured is] in good health.**

[The amount shown includes premium for your current coverage.] I understand that the additional coverage shall not take effect until the first additional coverage premium is received in the home office of Globe Life And Accident Insurance Company and will be effective on the corresponding policy due date if coverage is approved. Please see reverse side for more information.

X

SIGNATURE

DATE

GH00(08)

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

SERFF Tracking #:	AMLC-132150386	State Tracking #:		Company Tracking #:	GH00
State:	District of Columbia	Filing Company:	Globe Life And Accident Insurance Company		
TOI/Sub-TOI:	L04I Individual Life - Term/L04I.500 Other				
Product Name:	GH00				
Project Name/Number:	GH00/GH00				

Supporting Document Schedules

Satisfied - Item:	Sample mailing containing GH00(08) application
Comments:	I have highlighted the insertion of form GH00(08) on the attached sample mailing. Please scroll to the lower left corner of page one. DC's fraud warning will print on the back of this page. Please scroll to the bottom of page two.
Attachment(s):	GH00_08_on FJ048 Shell_MU.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Statement of Variability
Comments:	
Attachment(s):	Statement of Variability GH00 App Only.pdf
Item Status:	
Status Date:	

THIS IS YOUR INSURANCE PREMIUM BILL

[Jane Doe], the premium notice for your life insurance policy is enclosed. Please pay your premium by [07/25/2019]. Plus, you now qualify for additional coverage! Look inside to find out how you can add even more protection to this policy.

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[BWNMCMCN      A  1]
[#00T619137    /5#]
[JANE DOE]
[123 MAIN ST]
[ANYWHERE, USA 11111-1111]
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IMPORTANT OFFER FOR [JANE DOE]

[Jane], you now qualify for an additional [\$5,000] of life insurance coverage! As time goes by, it's important to reassess your insurance needs. That's why we're offering you this opportunity to purchase extra coverage that will provide better protection for your loved ones should something happen to you. We make it easy to add to your policy provided you are still in good health. Don't wait! Take advantage of this important offer today!

Please notice there are two different premium notices on this page:

The “Additional Coverage” notice shows your regular premium plus the premium for [\$5,000] of additional life insurance. To apply for this additional insurance, you must sign the premium notice certifying the insured is in good health. Return the notice with the correct total premiums for the additional insurance. Be sure we receive it by the due date. After approval, your summary of benefits will be mailed to you. It will show the new life insurance total – your existing policy PLUS the additional coverage effective on the due date shown below.

Return the "Current Coverage" notice if you do NOT want to apply for the additional [\$5,000] of life insurance.

[FJ048]

Current Coverage

[If you have any questions, please call 972-540-6542]

Insured	Policy Number	Due Date	1 Mo.	3 Mo.	6 Mo.	12 Mo.	Amt. of Ins.
[Jane Doe]	[123456789]	[12/12/2019]	[XX.XX]	[XX.XX]	[XXX.XX]	[XXX.XX]	[\$20,000]

[The amount shown includes premium for your current coverage.]

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY
[P.O. Box 268857]
[Oklahoma City, OK 73126-8857]

YOUR EMAIL: [NOT ON FILE]
YOUR TELEPHONE: [555-555-5555]
PLEASE MAKE ANY TELEPHONE, EMAIL OR ADDRESS CHANGES BELOW:

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[[7000540987120201180013530039830078160150300001250001]]

Additional Coverage

GLOBE LIFE AND ACCIDENT INSURANCE COMPANY • [P.O. BOX 268857] • [OKLAHOMA CITY, OKLAHOMA 73126-8857] • [972-540-6542]

Insured	Policy Number	Due Date	1 Mo.	3 Mo.	6 Mo.	12 Mo.	Amt. of Ins.
[Jane Doe]	[123456789]	[12/12/2019]	[XX.XX]	[XX.XX]	[XXX.XX]	[XXX.XX]	[\$20,000]

☒ Yes! I want to apply for this additional coverage! I certify that the [insured is] in good health.

[The amount shown includes premium for your current coverage.] I understand that the additional coverage shall not take effect until the first additional coverage premium is received in the home office of Globe Life And Accident Insurance Company and will be effective on the corresponding policy due date if coverage is approved. Please see reverse side for more information.

YOUR EMAIL: [NOT ON FILE]
YOUR TELEPHONE: [555-555-5555]
PLEASE MAKE ANY TELEPHONE, EMAIL OR ADDRESS CHANGES BELOW:

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[[7000540987120201180013530039830078160150300001250001]]
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PRIVACY NOTICE

This notice is for informational purposes only. No response is required.

Globe Life cares about protecting your privacy. This Notice explains what information we collect and how we use that information to provide the product(s) you requested, as well as and how you may restrict certain disclosures of your information. This Notice also explains how we protect the security and confidentiality of your information.

Collection Of Information

To provide the product(s) you requested, we may collect personal information about you from: your completion of an application or other forms; your transactions with us and other companies; or a consumer reporting agency, such as MIB, Inc.

Access And Correction Of Information

Upon request you can access personal information about you in our files. If you think any of your information is inaccurate, please notify us in writing. We will investigate and make changes as needed.

Investigative Consumer Reports Notification

As part of our underwriting procedure, an investigative consumer report may be obtained through a consumer reporting agency which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. You may request to be interviewed in connection with the preparation of the report and upon request may receive a copy of the report.

Disclosure Of Information

We may disclose the following personal information about you, either during or after your relationship with us:

- Information from your application or other forms, such as your name, address, social security number and beneficiaries; and
- Information about your transactions with us, our affiliates or others, such as your policy coverage, premiums and payment history

We may disclose personal information about you to:

- Financial companies, such as insurance companies and insurance agents; and
- Non-financial companies, such as MIB, Inc.

In addition, we may disclose the information described above to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements. We may also disclose information about you to our affiliates and nonaffiliated third parties as permitted by law. Such information may be used by our affiliates for marketing purposes.

Confidentiality And Security Of Information

We restrict access to personal information to those employees who need to know that information to provide the product(s) you requested. We maintain physical, electronic and procedural safeguards to protect the confidentiality and security of this information.

Revisions To Our Privacy Policy

We may amend our policies described in this Notice at any time and will notify you of any revisions as required by law. We also post our online Privacy Notice at our website: www.globelifeinsurance.com. You may have additional rights under state laws, and we will follow the privacy law in your state if that law is different than the policy described in this Notice.

How To Contact Us

If you have any questions regarding your rights or the contents of this notice, please write to:

Globe Life
ATTENTION: Privacy Officer
P.O. Box 8080 McKinney, TX 75070-8080

IMPORTANT INFORMATION FOR THOSE PAYING WITH A PERSONAL CHECK

If you make payment with a personal check, we may convert your payment to a one-time electronic debit item in the amount of your check, which may clear your account as soon as the day we receive your check. Payment by check authorizes this transaction. For more information, please contact our customer service department.

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Statement of Variability
Globe Life And Accident Insurance Company
Form GH00

Available Values for bracketed/variable sections of this form:

Page 1

1 – This will show either, “insured is” or “insureds are”, dependent upon whether the application is for a single person or for multiple people.

2 - This will show either, “The amount shown includes premium for your current coverage.”, “The amount shown includes premium for your current life and accident coverage.”, or it can be left blank.